



VOLUNTEER APPLICATION

ST. ANDREW'S PARKS AND PLAYGROUND / CITY OF CHARLESTON DEPARTMENT OF RECREATION



PERSONAL INFORMATION

NAME	DATE	EMAIL ADDRESS
ADDRESS		
Street _____		
City, State, Zip _____		
PHONE NUMBERS	HAVE YOU VOLUNTEERED FOR US IN THE PAST?	
Home _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Work _____	DATES: _____	
Cell _____		

PROGRAM OR SPORT DESIRED AND AVAILABILITY

POSITION(S) APPLYING FOR:	
DATE YOU CAN START:	
HAVE YOU EVER BEEN INVOLVED IN A SUBSTANTIATED CASE OF CHILD NEGLECT OR ABUSE? IF YES, EXPLAIN	DO YOU HAVE A SATISFACTORY DRIVING RECORD? YES OR NO. IF NO, EXPLAIN:

Please understand that the following acts may result in the refusal to volunteer with our organization: use of profanity, continued displays of poor sportsmanship, flagrant violations of the rules set forth by our organization, poor coaching, and/or excessive complaints by participants or parents. Termination or rejection of a person's volunteer position will occur if found to have harmed or endangered a child in any way.

AUTHORIZATION

"I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and/or volunteer experience and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Executive Director."

This application is not valid unless it is signed and dated!

Signature of Applicant

Today's Date

Thank you for your interest in St. Andrew's Parks and Playground
& the City of Charleston Department of Recreation!



ST. ANDREW'S PARISH PARKS & PLAYGROUND COMMISSION &

CONSENT/RELEASE FORM FOR BACKGROUND CHECKS

Because employees, contractors, and volunteers of St. Andrews Parish Parks and Playground Commission and the City of Charleston Department of Recreation serve the public, including a large number of children, all prospective employees, contractors and volunteers over the age of 18 are required to pass criminal background/information checks that include verification of address and social security card before their final hire.

Criminal background/information checks will also be conducted on an annual basis on seasonal employees and volunteers who do not serve for four consecutive seasons.

These checks will be conducted at the expense of the agency at no cost to you.

The results of these background checks will be limited to those deemed to have a need for access, generally the Commission, Mayor, Executive Director, Deputy Director, and Human Resources Department; otherwise results will remain confidential. Applicants and employees are welcome to request a copy of their results from the Human Resources Director.

PLEASE PRINT CLEARLY

Have you ever been convicted of a crime, paid a fine, plead guilty, plead *nolo contendere* (no contest), *Alford plea*, or any other similar plea other than for a minor traffic violation? ☐ Yes ☐ No

If yes, please list and explain. _____

(Note: Conviction will not necessarily disqualify you from employment)

Are you at least 18 years of age? ☐ Yes ☐ No

Full name: _____ Maiden name: _____

Date of birth: _____ Social Security number: _____

Race: _____ Driver's license number: _____

Gender: _____ Driver's license state: _____

Have you ever lived anywhere outside of South Carolina? ☐ Yes ☐ No

If yes, please list the state and the dates you were there.

I certify that my answers to the questions asked above are true and complete to the best of my knowledge. I understand that, if any false statements are on this form shall be grounds for refusing hire and/or immediate dismissal.

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application from any law enforcement agency, highway department or the social security administration. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Signature

Date